

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		3		1			54	
5		0		1			55	
6		0		1			56	
7		0		1			57	
8		0		1			58	1
9		0		1			59	
10		0		1			60	2
11		0		1			61	1
12		0		1			62	
13		0		1			63	
14		0		1			64	
15		0		1			65	
16		0		1			66	
17		0		1			67	
18		0		1			68	
19		0		1			69	
20		0		1			70	
21		0		1			71	
22		0		1			72	
23		0		1			73	
24		0		1			74	
25		0		1			75	
26		0		1			76	
27		0		1			77	
28		0		1			78	
29		0		1			79	
30		0		1			80	
31		0		1			81	
32		0		1			82	
33		0		1			83	
34		0		1			84	
35		0		1			85	
36		0		1			86	
37		0		1			87	
38		0		1			88	
39		0		1			89	
40		0		1			90	
41		0		1			91	
42		0		1			92	
43		0		1			93	
44		0		1			94	
45		0		1			95	
46		0		1			96	
47	1		1				97	
48		1		1			98	
49		1		1			99	
50		3		1			100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.		3		1			TOTAL DEP.	5
TOTAL CLAIMS	1	3	1	1			TOTAL CLAIMS	6